



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

What's special about The Clinical Teacher

Citation for published version:

Ross, M 2016, 'What's special about The Clinical Teacher', *Clinical Teacher*, vol. 13, no. 4.
<https://doi.org/10.1111/tct.12567>

Digital Object Identifier (DOI):

[10.1111/tct.12567](https://doi.org/10.1111/tct.12567)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Clinical Teacher

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



What's special about *The Clinical Teacher*

Editorial for *The Clinical Teacher*, August 2016 issue

So much has happened in the twelve years since this journal first dropped through our letterboxes. The inaugural editorial explained that, "*The Clinical Teacher* is designed to be easy to read and difficult to put down", with short, very practical articles, "Especially written for teaching clinicians... by well known clinicians and educators from around the world".¹ Since then the journal has grown steadily in popularity, academic esteem and reach. Full-text downloads of individual articles frequently top 1000 in their first year following publication and can more than triple thereafter. Submissions have increased four-fold and, with some groups feeling increasing pressure to 'publish or perish', are likely to keep rising – although this raises other issues which are explored in one of our Insights articles this month.² We no longer need to commission Original Articles, and now our much broader pool of contributing authors from a wide range of health professions includes students and junior clinical teachers as well as those who are more experienced and well known. I suspect we receive more manuscripts from new authors than most journals - partly due to the subject matter and style, and partly because we give detailed feedback and suggestions on all submissions, whether they go on to be accepted or not. We also run writing-for-publication workshops at conferences, and where possible will help newer authors develop manuscripts that seem interesting but are not yet written in a suitable way for the journal.

All submissions are first screened in our editorial office for completeness, compliance with the Author Guidelines and overlap with existing publications. We also check them for fit with the journal and readership, and for quality, originality, readability, appropriate ethical considerations and participant consent. Around half of submitted Original Articles meet these requirements and are sent to an associate editor for a further rigorous peer review process to ensure we receive multiple perspectives on manuscript quality, clarity, educational importance and potential contribution to the literature. There are typically two or three rounds of feedback and revision before an article is accepted, sent for copy-editing and, more recently, made available for 'Early View' through Wiley Online Library. There are strict limits on article length and references, so don't expect to see traditional systematic reviews or long theses in the journal. We also screen-out manuscripts that don't add to the literature, lack ethical approval, participant consent or evaluation, or are unlikely to be useful or replicable outside the local context. You can, however, expect to see high-quality research studies on diverse aspects of clinical education with well-defined aims and methods, and reports of innovative and evaluated approaches to clinical teaching and assessment, which are accessible to the broad readership of the journal and highlight key messages supported by their findings.

So what else is special about *The Clinical Teacher* (TCT)? Probably the most obvious feature is the intended readership. Enhancing our understanding and delivery of clinical education, and thus indirectly enhancing patient care, requires a scholarly approach to the three domains of clinical practice, education and research. Some individuals are involved in all three but, whilst most journals are written primarily for researchers by researchers, TCT is written for clinicians who teach and for those who teach clinicians – many of whom may not be involved in formal educational research. Our potential readership is therefore larger than most academic journals, and includes individuals involved in any aspect of clinical teaching, at any stage, in all healthcare professions,

specialties and countries worldwide. All TCT articles must be accessible and relevant to this broad interdisciplinary and international readership. Some explicitly present data from different groups and contexts – such as the report on interprofessional educator training in this issue.³ Others present data from one group or context in a way that the topic, approach or tools are likely to be relevant to the broader readership. Examples of the latter in this issue include the use of educational games,⁴ asking learners ‘What if...?’ questions to facilitate deeper reflection,⁵ and exploring common errors in clinical reasoning made by learners.⁶ We often ask authors to revise any country- and specialty-specific terminology, to provide examples relevant to different stages of clinical training, and to add key messages for all clinical teachers. We avoid being too prescriptive about topics however, as to do so might discourage potential authors from submitting manuscripts on topics we could not have anticipated, such as the wilderness medicine race in the current issue.⁷

The journal is still designed to be easy to read and difficult to put down – although now you are likely to read this on your tablet, smartphone or monitor. Feedback on the ‘The Clinical Teacher’ app has been very positive, with 1,367 downloads from Apple App Store at the last count and now a new Android version available from Google Play. We have been pleased to facilitate increasing interaction between readers, authors and the editorial team on Twitter (@ClinicalTeacher #ClinTeach) and the blog we share with *Medical Education* (www.mededucconversations.com). Our best advice to get published in the journal is to think about the readership and to follow the Author Guidelines. Insights articles, which present personal perspectives with key messages for clinical teachers, may be particularly appealing for new authors. If you want to write a ‘commissioned only’ article, please first contact the editorial office. We invite well-known, experienced educators to write Toolbox articles, providing an overview and introduction to important general topics in clinical education – such as the coaching of early-career educators in this issue.⁸ Previous topics include writing for publication,⁹ understanding and conducting quantitative educational research,¹⁰ and undertaking qualitative research in clinical education.¹¹ If you want to become a peer reviewer, send an e-mail with your CV to the editorial office, where you will find the staff extremely helpful and knowledgeable. TCT may be increasingly influential and international, but remains personal and responsive, with a special place of its own in the wider community of clinical teachers that it serves.

References

1. Bligh J. Editorial. *The Clinical Teacher* 2004;**1**: 1.
2. Bateman E, Bateman A. Ethical issues relating to trainee publication requirements. *The Clinical Teacher* 2016;**13**: XXXX.
3. Hong-Meng Tai J, Bearman M, Edouard V, Kent F, Nestel D, Molloy E. Clinical supervision training across contexts. *The Clinical Teacher* 2016;**13**: XXX.
4. Kaczmarczyk J, Davidson R, Bryden D, Haselden S, Vivekananda-Schmidt P. Learning decision making through serious games. *The Clinical Teacher* 2016;**13**: XXXX.
5. Austin R, Farlinger C. ‘What if..’: a simple, creative tool for reflective practice. *The Clinical Teacher* 2016;**13**: XXX.
6. Rylander M, Guerrasio J. Heuristic errors in clinical reasoning. *The Clinical Teacher* 2016;**13**: XXXX.
7. Feazel L, Block J, Jayawardena A, Wehr P, House H, Buresh C. Wilderness medicine race for preclinical students. *The Clinical Teacher* 2016;**13**: XXXX.

8. Yoon M, El-Haddad C, Durning S, Hu W. Coaching early career educators in the health professions. *The Clinical Teacher* 2016;**13**:XXXX.
9. Ridgway G. Writing for publication and avoiding pitfalls. *The Clinical Teacher* 2015;**12**: 73-77.
10. Hope D, Dewar A. Conducting quantitative educational research: a short guide for clinical teachers. *The Clinical Teacher* 2015;**12**: 299-304.
11. Tai J, Ajjawi R. Undertaking and reporting qualitative research. *The Clinical Teacher* 2016;**13**: 175-182.